

B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

Middle District of Florida

EXECUTIVE NON-EMERGENCY
TRANSPORTATION INC
In re _____,
Debtor

Case No. 6:18-BK-3958-KSJ

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: February 2019


Date filed: JUNE 29, 2018

Line of Business: PARATRANSIT

NAISC Code: 485991

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:


 Original Signature of Responsible Party


 Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B 25C (Official Form 25C) (12/08)

- | | | |
|---|--------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?

☐ ☒

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

*(Exhibit A)***INCOME**PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)***TOTAL INCOME** \$ 158,896.53**SUMMARY OF CASH ON HAND**

Cash on Hand at Start of Month \$ 21,653.38

Cash on Hand at End of Month \$ 48,856.49

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU **TOTAL** \$ 48,856.49*(Exhibit B)***EXPENSES**PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)***TOTAL EXPENSES** \$ 145,727.18*(Exhibit C)***CASH PROFIT**INCOME FOR THE MONTH *(TOTAL FROM EXHIBIT B)* \$ 158,896.53EXPENSES FOR THE MONTH *(TOTAL FROM EXHIBIT C)* \$ 145,727.18*(Subtract Line C from Line B)***CASH PROFIT FOR THE MONTH** \$ 13,169.35

B 25C (Official Form 25C) (12/08)

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL PAYABLES \$ _____

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL RECEIVABLES \$ _____

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? _____

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? _____

PROFESSIONAL FEES***BANKRUPTCY RELATED:***

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ _____

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ _____

B 25C (Official Form 25C) (12/08)

PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:	\$ _____
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:	\$ _____
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:	\$ _____

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

SCHEDULE OF RECEIPTS AND DISBURSEMENTS
FOR THE PERIOD BEGINNING February 1, 2019 **AND ENDING** February 28, 2019

Name of Debtor: Executive Non-Emergency Transportation, Inc. Case Number 6:18-bk-3958-KSJ
Date of Petition: June 29, 2018

	<u>CURRENT MONTH</u>	<u>CUMULATIVE PETITION TO DATE</u>
1. FUNDS AT BEGINNING OF PERIOD	<u>35,687.14</u> (a)	<u>(11,943.79)</u> (b)
2. RECEIPTS:		
A. Cash Sales	<u> </u>	<u> </u>
Minus: Cash Refunds	<u>(-)</u>	<u> </u>
Net Cash Sales	<u> </u>	<u> </u>
B. Accounts Receivable	<u>158,896.53</u>	<u>1,339,492.62</u>
C. Other Receipts (<i>See MOR-3</i>)	<u> </u>	<u>20,250.27</u>
(If you receive rental income, you must attach a rent roll.)	<u>158,896.53</u>	<u>1,359,742.89</u>
3. TOTAL RECEIPTS (Lines 2A+2B+2C)	<u> </u>	<u> </u>
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	<u>194,583.67</u>	<u>1,347,799.10</u>
5. DISBURSEMENTS		
A. Advertising	<u>439.08</u>	<u>1,745.25</u>
B. Bank Charges	<u>52,318.54</u>	<u>442,924.41</u>
C. Contract Labor	<u>-</u>	<u>5,319.85</u>
D. Fixed Asset Payments (not incl. in "N")	<u>6,677.16</u>	<u>149,298.75</u>
E. Insurance	<u> </u>	<u> </u>
F. Inventory Payments (<i>See Attach. 2</i>)	<u> </u>	<u> </u>
G. Leases	<u>3,449.74</u>	<u>12,252.16</u>
H. Manufacturing Supplies	<u> </u>	<u> </u>
I. Office Supplies	<u>-</u>	<u>8,531.29</u>
J. Payroll - Net (<i>See Attachment 4B</i>)	<u>3,699.72</u>	<u>37,595.56</u>
K. Professional Fees (Accounting & Legal)	<u>5,824.95</u>	<u>15,279.25</u>
L. Rent	<u> </u>	<u> </u>
M. Repairs & Maintenance	<u>-</u>	<u>7,953.51</u>
N. Secured Creditor Payments (<i>See Attach. 2</i>)	<u>2,985.61</u>	<u>26,490.29</u>
O. Taxes Paid - Payroll (<i>See Attachment 4C</i>)	<u>2,215.50</u>	<u>24,505.00</u>
P. Taxes Paid - Sales & Use (<i>See Attachment 4C</i>)	<u> </u>	<u> </u>
Q. Taxes Paid - Other (<i>See Attachment 4C</i>)	<u>-</u>	<u>2,447.63</u>
R. Telephone	<u>2,975.12</u>	<u>25,468.68</u>
S. Travel & Entertainment	<u>75.00</u>	<u>75.00</u>
Y. U.S. Trustee Quarterly Fees	<u> </u>	<u> </u>
U. Utilities	<u>19.66</u>	<u>1,865.58</u>
V. Vehicle Expenses	<u>44,399.43</u>	<u>377,952.88</u>
W. Other Operating Expenses (<i>See MOR-3</i>)	<u>20,647.67</u>	<u>159,207.52</u>
6. TOTAL DISBURSEMENTS (Sum of 5A thru W)	<u>145,727.18</u>	<u>1,298,942.61</u>
7. ENDING BALANCE (Line 4 Minus Line 6)	<u>48,856.49</u> (c)	<u>48,856.49</u> (c)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This ____ day of _____, 20____. _____
(Signature)

- (a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
- (b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.
- (c) These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)**Detail of Other Receipts and Other Disbursements****OTHER RECEIPTS:**

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
Capital Contribution	-	16,000.00
Chase-Vehicle Loan Payment Refund	-	.27
Void Old Checks Never Cleared	-	4,250.00
TOTAL OTHER RECEIPTS		

“Other Receipts” includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:

<u>Loan Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Repayment Schedule</u>

OTHER DISBURSEMENTS:

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
Software	567.00	3,969.00
Distribution to Owner	19,345.50	110,892.86
Driver Expenses	512.37	7,857.42
Parking & Tolls	222.80	1,440.90
Reimbursement of Expenses	-	35,047.34
TOTAL OTHER DISBURSEMENTS	20,647.67	159,207.52

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.

3/8/2019

Income/Expense by Category - Last month

2/1/2019 through 2/28/2019 (Cash Basis)

Page 1

Category	2/1/2019- 2/28/2019	OVERALL TOTAL
INCOME		
MED INC	158,896.53	158,896.53
SALARY	-19,000.00	-19,000.00
TOTAL INCOME	139,896.53	139,896.53
EXPENSES		
Uncategorized	0.00	0.00
BANK CHARGES	439.08	439.08
BUS LOAN PMT	500.00	500.00
CORPORATE EXP	8,040.45	8,040.45
IDC	46,571.00	46,571.00
IDC - TELEPHONE	1,200.00	1,200.00
Meals & Entertn	75.00	75.00
MEDICAL	345.50	345.50
MISC BUS EXP	512.37	512.37
OFFICE	11,872.88	11,872.88
OFFICE BLDG	2,278.61	2,278.61
TELEPHONE	1,775.12	1,775.12
Utilities, Bus	19.66	19.66
VEH MISC EXPENSE	4,379.35	4,379.35
VEHICLE FUEL	25,000.00	25,000.00
VEHICLE INSURANCE	6,013.58	6,013.58
VEHICLE LSE PMT	2,254.70	2,254.70
VEHICLE PARKING	222.80	222.80
VEHICLE PMTS	207.00	207.00
VEHICLE REPAIRS & MAINT	15,020.08	15,020.08
TOTAL EXPENSES	126,727.18	126,727.18
OVERALL TOTAL	13,169.35	13,169.35

3/8/2019

Spending by Category - Last month 2/1/2019 through 2/28/2019

Page 1

Category	2/1/2019- 2/28/2019
Uncategorized	0.00
BANK CHARGES	439.08
BUS LOAN PMT	500.00
CORPORATE EXP	8,040.45
ACCOUNTING	950.00
EMPLOYEE QRTL Y TAXES	2,215.50
LEGAL	4,874.95
IDC	46,571.00
IDC - TELEPHONE	1,200.00
Meals & Entertn	75.00
MEDICAL	345.50
Doctor	345.50
MISC BUS EXP	512.37
OFFICE	11,872.88
EQUIPMENT	1,195.04
INSURANCE	663.58
PERSONEL	3,699.72
Other OFFICE	6,314.54
OFFICE BLDG	2,278.61
SALARY	19,000.00
TELEPHONE	1,775.12
CELLPHONE	1,478.92
VOIP SYSTEM	296.20
Utilities, Bus	19.66
Other Utilities, Bus	19.66
VEH MISC EXPENSE	4,379.35
VEHICLE FUEL	25,000.00
VEHICLE INSURANCE	6,013.58
VEHICLE LSE PMT	2,254.70
VEHICLE PARKING	222.80
VEHICLE PMTS	207.00
VEHICLE REPAIRS & MAINT	15,020.08
OVERALL TOTAL	145,727.18



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218-2051

February 01, 2019 through February 28, 2019

Account Number: **000000309580071**

CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**
Service Center: **1-800-242-7338**
Deaf and Hard of Hearing: **1-800-242-7383**
Para Espanol: **1-888-622-4273**
International Calls: **1-713-262-1679**

00153560 DRE 021 210 06019 NNNNNNNNNN 1 000000000 64 0000

EXECUTIVE NON-EMERGENCY TRANSPORTATION,
INC.
3155 SUNTREE BLVD UNIT 102
ROCKLEDGE FL 32955-5720

CHECKING SUMMARY

Chase Total Business Checking

	INSTANCES	AMOUNT
Beginning Balance		\$18,810.51
Deposits and Additions	21	158,896.53
Checks Paid	137	-89,516.99
ATM & Debit Card Withdrawals	5	-888.97
Electronic Withdrawals	22	-47,948.25
Other Withdrawals	1	-207.00
Fees	2	-34.60
Ending Balance	188	\$39,111.23

Thank you for your military service and commitment to our country. Your monthly service fee was waived as a benefit of Chase Military Banking.

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION		AMOUNT
02/05	National Medtran Hcclaimpmt	CCD ID: 9472336925	\$3,536.14
02/05	Veyo LLC ACH Paymts 276757	CCD ID: 1810772236	492.06
02/06	Deposit		10,103.91
02/07	Logisticare Logistigar Enet0001	CCD ID: 1582491253	24,291.23
02/08	National Medtran Hcclaimpmt	CCD ID: 9472336925	2,227.20
02/12	Deposit		6,943.58
02/12	National Medtran Hcclaimpmt	CCD ID: 9472336925	811.60
02/14	Logisticare Logistigar Enet0001	CCD ID: 1582491253	30,385.06
02/14	Veyo LLC ACH Paymts 278781	CCD ID: 1810772236	834.11
02/14	Medical Caretran Ech023636	PPD ID: T650630663	99.40
02/15	National Medtran Hcclaimpmt	CCD ID: 9472336925	1,409.80
02/15	Medical Caretran Ech024489	PPD ID: T650630663	586.16
02/20	Deposit		10,664.23
02/20	National Medtran Hcclaimpmt	CCD ID: 9472336925	986.60
02/21	Logisticare Logistigar Enet0001	CCD ID: 1582491253	29,061.78
02/21	Medical Caretran Ech029462	PPD ID: T650630663	15.00
02/22	National Medtran Hcclaimpmt	CCD ID: 9472336925	1,382.80
02/22	Veyo LLC ACH Paymts 280735	CCD ID: 1810772236	1,041.88



February 01, 2019 through February 28, 2019

Account Number: 000000309580071

DEPOSITS AND ADDITIONS (continued)

DATE	DESCRIPTION	AMOUNT
02/27	Deposit	6,737.63 ✓
02/28	Logisticare Logistacar Enet0001 CCD ID: 1582491253	27,013.22 ✓
02/28	Veyo LLC ACH Paymts 282718 CCD ID: 1810772236	273.14 ✓
Total Deposits and Additions		\$158,896.53

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1811 ^		02/05	\$1,127.35
1812 ^		02/04	96.55
1813 ^		02/04	1,000.00
1818 * ^		02/01	555.00
1819 ^	02/01	02/01	555.00
1820 ^		02/01	505.00
1821 ^		02/01	650.00
1822 ^		02/01	705.00
1823 ^		02/01	445.00
1824 ^		02/05	645.00
1825 ^		02/04	770.00
1826 ^		02/04	805.00
1827 ^		02/01	655.00
1830 * ^		02/04	555.00
1831 ^		02/01	480.00
1832 ^		02/05	730.00
1833 ^		02/04	730.00
1834 ^		02/04	355.00
1835 ^		02/01	150.00
1836 ^		02/11	330.00
1837 ^	02/14	02/14	107.00
1840 * ^	02/01	02/01	780.00
1841 ^		02/05	94.16
1843 * ^		02/05	19.66
1844 ^		02/04	122.80
1845 ^		02/08	4,898.24
1846 ^		02/19	747.50
1847 ^		02/11	1,000.00
1848 ^	02/08	02/08	825.00
1849 ^		02/06	539.27
1850 ^		02/06	300.00
1851 ^		02/08	385.66
1852 ^		02/08	555.00
1853 ^	02/08	02/08	480.00
1854 ^		02/11	580.00
1855 ^	02/08	02/08	675.00
1856 ^		02/08	705.00
1857 ^		02/19	425.00
1858 ^		02/12	725.00
1860 * ^		02/11	755.00
1861 ^		02/11	755.00
1862 ^		02/11	118.00



February 01, 2019 through February 28, 2019

Account Number: 000000309580071

CHECKS PAID (continued)

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1863 ^		02/08	100.00
1864 ^		02/11	600.00
1865 ^		02/11	680.00
1866 ^		02/11	75.00
1867 ^		02/11	605.00
1868 ^		02/08	655.00
1869 ^		02/11	355.00
1870 ^		02/11	575.00
1871 ^		02/12	430.00
1872 ^		02/12	605.00
1873 ^	02/08	02/08	2,710.06
1874 ^		02/19	3,227.68
1875 ^		02/11	612.50
1876 ^		02/14	415.56
1878 * ^		02/08	100.00
1879 ^		02/13	4,874.95
1880 ^		02/19	567.00
1881 ^		02/11	463.00
1882 ^		02/13	56.50
1883 ^		02/11	34.00
1884 ^	02/08	02/08	93.00
1885 ^		02/13	275.00
1886 ^		02/15	1,000.00
1887 ^	02/15	02/15	825.00
1888 ^	02/15	02/15	539.27
1889 ^		02/19	300.00
1890 ^		02/19	605.00
1891 ^	02/15	02/15	570.00
1892 ^		02/27	175.00
1893 ^		02/15	415.82
1894 ^		02/19	180.00
1895 ^		02/19	650.00
1896 ^		02/19	655.00
1897 ^	02/19	02/19	455.00
1898 ^		02/19	500.00
1899 ^		02/19	55.00
1900 ^		02/19	31.00
1901 ^		02/19	625.00
1902 ^		02/19	855.00
1903 ^		02/19	705.00
1904 ^		02/19	625.00
1905 ^	02/15	02/15	630.00
1906 ^		02/19	655.00
1907 ^		02/15	580.00
1908 ^		02/19	550.00
1909 ^		02/21	680.00
1910 ^		02/21	705.00
1911 ^		02/15	300.00
1913 * ^		02/19	500.00
1914 ^		02/19	404.48



February 01, 2019 through February 28, 2019

Account Number: 000000309580071

CHECKS PAID (continued)

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1915 ^		02/19	296.20
1916 ^		02/20	500.00
1917 ^		02/20	337.50
1918 ^		02/19	373.75
1919 ^		02/26	567.00
1920 ^		02/19	463.00
1921 ^	02/15	02/15	2,000.00
1922 ^		02/19	3,000.00
1923 ^		02/21	375.64
1924 ^		02/19	21.38
1925 ^		02/19	385.66
1926 ^		02/19	75.00
1927 ^		02/27	1,000.00
1928 ^		02/22	825.00
1929 ^		02/21	539.27
1930 ^		02/21	300.00
1931 ^		02/21	385.66
1932 ^		02/25	530.00
1933 ^		02/27	425.00
1934 ^		02/22	600.00
1937 * ^		02/22	675.00
1939 * ^		02/25	250.00
1940 ^		02/26	725.00
1941 ^		02/25	750.00
1942 ^		02/25	625.00
1943 ^		02/21	625.00
1944 ^		02/25	100.00
1945 ^	02/21	02/21	800.00
1946 ^		02/25	525.00
1947 ^		02/22	650.00
1948 ^	02/22	02/22	575.00
1949 ^		02/26	600.00
1951 * ^		02/22	625.00
1952 ^		02/26	625.00
1953 ^		02/22	3,000.00
1954 ^		02/22	125.00
1955 ^		02/27	373.75
1956 ^		02/27	475.88
1957 ^		02/26	167.58



February 01, 2019 through February 28, 2019

Account Number: 000000309580071

CHECKS PAID (continued)

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1960 * ^		02/27	1,863.05
1962 * ^		02/28	825.00
1964 * ^		02/28	385.66
1965 ^		02/28	300.00
1978 * ^	02/28	02/28	525.00
1987 * ^	02/28	02/28	10.00
Total Checks Paid			\$89,516.99

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
02/08	Card Purchase 02/07 Mister Car Wash #229 Melbourne FL Card 9223	\$32.09
02/12	Card Purchase With Pin 02/12 Smile Design & Wellnes Viera FL Card 9223	289.00
02/19	Card Purchase 02/15 Bobbys Auto Service Ce Vero Beach FL Card 9223	437.32
02/20	Card Purchase 02/20 Bunkys Raw Bar & Grill Indialantic FL Card 9223	75.00
02/22	Card Purchase 02/21 Amzn Mktp US*MI67Q35 Amzn.Com/Bill WA Card 9223	55.56
Total ATM & Debit Card Withdrawals		\$888.97

ATM & DEBIT CARD SUMMARY

George A Ricardo Card 9223

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$888.97
Total Card Deposits & Credits	\$0.00

ATM & Debit Card Totals

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$888.97
Total Card Deposits & Credits	\$0.00

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
02/01	02/01 Online Transfer To Chk ...3611 Transaction#: 7897959610	\$1,000.00
02/06	Granada Insuranc 0185FL0011 305-554-0353 Web ID: 1592734127	1,115.34
02/07	02/07 Online Transfer To Chk ...3611 Transaction#: 7918315511	4,000.00
02/07	Fleetcor Fdr Cash Conc Unq0l CCD ID: 1721074903	3,000.00
02/08	Att Payment 880063002Smt2J Web ID: 9864031005	254.54
02/11	Fleetcor Fdr Cash Conc Unq0l CCD ID: 1721074903	5,500.00
02/12	Cfx Internet 043000091303728 Web ID: 9049036770	300.00
02/12	Cfx Internet 043000091358526 Web ID: 9049036770	200.00
02/12	Cfx Internet 043000091358522 Web ID: 9049036770	164.05
02/13	St James Insuran Payment 228462171 CCD ID: 1841393599	496.00
02/14	02/14 Online Transfer To Chk ...3611 Transaction#: 7939950889	6,000.00
02/15	Fleetcor Fdr Cash Conc Unq0l CCD ID: 1721074903	5,500.00



February 01, 2019 through February 28, 2019

Account Number: 000000309580071

ELECTRONIC WITHDRAWALS (continued)

DATE	DESCRIPTION	AMOUNT
02/15	lrs Usatapynt 270944683224898 CCD ID: 3387702000	2,215.50
02/15	Achma Visb Bill Pymnt 7513904 Web ID: 0000751800	573.17
02/15	Achma Visb Bill Pymnt 7513902 Web ID: 0000751800	538.05
02/15	Achma Visb Bill Pymnt 7513903 Web ID: 0000751800	367.70
02/20	Nauto, Inc Payment PPD ID: 7473272789	1,223.90
02/21	02/21 Online Transfer To Chk ...3611 Transaction#: 7959347890	4,000.00
02/22	Fleetcor Fdr Cash Conc Unq0l CCD ID: 1721074903	6,000.00
02/27	Fleetcor Fdr Cash Conc Unq0l CCD ID: 1721074903	5,000.00
02/27	Cfx Internet 043000099890716 Web ID: 9049036770	300.00
02/27	Cfx Internet 043000099817822 Web ID: 9049036770	200.00
Total Electronic Withdrawals		\$47,948.25

OTHER WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
02/04	02/04 Withdrawal	\$207.00
Total Other Withdrawals		\$207.00

FEES

DATE	DESCRIPTION	AMOUNT
02/04	Money Order	\$5.00
02/28	Monthly Service Fee	29.60
Total Fees		\$34.60

Chase Total Business Checking allows up to 100 debits, credits, and deposited items per statement period. Your transaction total for this statement period was 174 and excessive transaction fees were applied. If this level of activity is typical, please contact us so that we can explore other product options for your business.

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
02/01	\$12,330.51	02/12	16,299.96	02/21	33,145.64
02/04	7,684.16	02/13	10,597.51	02/22	22,439.76
02/05	9,096.19	02/14	35,393.52	02/25	19,659.76
02/06	17,245.49	02/15	21,334.97	02/26	16,975.18
02/07	34,536.72	02/19	2,965.00	02/27	13,900.13
02/08	24,295.33	02/20	12,479.43	02/28	39,111.23
02/11	11,257.83				

SERVICE CHARGE SUMMARY

TRANSACTIONS FOR SERVICE FEE CALCULATION		NUMBER OF TRANSACTIONS
Checks Paid / Debits		161
Deposits / Credits		4
Deposited Items		9
Transaction Total		174
SERVICE FEE CALCULATION		AMOUNT
Service Fee		\$0.00



February 01, 2019 through February 28, 2019

Account Number: 000000309580071

SERVICE CHARGE SUMMARY (continued)

SERVICE FEE CALCULATION	AMOUNT
Service Fee Credit	\$0.00
Net Service Fee	\$0.00
Excessive Transaction Fees (Above 100)	\$29.60
Total Service Fees	\$29.60

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC



February 01, 2019 through February 28, 2019

Account Number: **000000309580071**

This Page Intentionally Left Blank